

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY: Office of the Secretary, Office of Minority Health

FUNDING OPPORTUNITY TITLE: Re-Entry Community Linkages (RE-LINK)

ACTION: Notice

ANNOUNCEMENT TYPE: INITIAL COMPETITIVE GRANT

FUNDING OPPORTUNITY NUMBER: MP-CPI-16-003

CFDA NUMBER: 93.137

CFDA PROGRAM: Community Programs to Improve Minority Health

DATES:

Your application is due April 21, 2016, by 5 p.m. Eastern Time. To receive consideration, your application must be received electronically via Grants.gov by the HHS Office of the Assistant Secretary for Health (HHS/OASH), Office of Grants Management (OGM) no later than this due date and time. If your application does not meet the specified deadline it will be returned to you unread. You must submit electronically via Grants.gov unless you obtain a written exemption from this requirement 2 business days in advance of the deadline from the Director, HHS/OASH Office of Grants Management. To obtain an exemption, you must request one via email from the HHS/OASH Office of Grants Management, and provide details as to why you are technologically unable to submit electronically through Grants.gov portal. Your request should be submitted at least 4 business days prior to the application deadline to ensure your request can be considered prior to 2 business days in advance of the deadline. If you request an exemption, include the following in your e-mail request: the HHS/OASH announcement number; your

organization's DUNS number; your organization's name, address and telephone number; the name and telephone number of your Authorizing Official; the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to ogm.oash@hhs.gov. Note: failure to have an active System for Account Management (SAM) registration will not be grounds for receiving an exemption to the electronic submission requirement.

The HHS/OASH Office of Grants Management will only accept applications via alternate methods (hardcopy paper via US mail or other provider or PDF via email) from applicants obtaining prior written approval. The application must still be submitted by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via US mail or other service or PDF via email) with an approved written exemption will be accepted. *See* Section D.7. ("Other Submission Requirements") for information on application submission mechanisms.

Executive Order 12372 comment due date: The State Single Point of Contact (SPOC) has 60 days from the application due date to submit any comments. For more information on the SPOC see section D.4 Intergovernmental Review.

To ensure adequate time to successfully submit your application, HHS/OASH recommends that you register as early as possible in Grants.gov since the registration process can take up to one month. For information on registering for Grants.gov, refer to <http://www.grants.gov> or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov.

Your organization is strongly encouraged to register multiple authorized organization representatives in Grants.gov to ensure someone is available to submit your application.

Technical Assistance: A technical assistance webinar for potential applicants will be held on March 10, 2016, at 3:00 – 4:00 p.m. Information on how to access the webinar will be posted on the Office of Minority Health’s website, www.minorityhealth.hhs.gov.

EXECUTIVE SUMMARY: The United States Department of Health and Human Services’ (HHS or Department) Office of Minority Health (OMH), located within the Office of the Secretary, announces the anticipated availability of funds for fiscal year (FY) 2016 for grant awards for the Re-Entry Community Linkages (RE-LINK) program under the authority of Section 1707 of the Public Health Service Act (42 U.S.C. §300u-6). This notice solicits applications for projects in communities with the greatest rates of minority and/or economically or environmentally disadvantaged reentrants discharged from jail to the community – based on data submitted by each applicant, to assist individuals ages 18-26 with a successful transition to their community after they are released. Jails are locally-operated, short term facilities that hold inmates awaiting trial or sentencing or both, and inmates sentenced to a term of less than one year, typically misdemeanants. Jails do not include prisons, which are long term facilities run by the state or the federal government and typically hold felons and inmates with sentences of more than one year.¹ Therefore, this announcement does not include projects for individuals released from prison.

¹ <http://www.bjs.gov/index.cfm?ty=qa&iid=322>, accessed 12/30/2015

RE-LINK is a new OMH grant program aimed at demonstrating the effectiveness of multiple stakeholders within the public health system and other community support systems working together to implement a model transition process for minority and/or economically or environmentally disadvantaged populations returning to their communities after being incarcerated. RE-LINK will establish connections between the reentry population and community-based organizations that provide linkages to health care including behavioral health care services (see Appendix A – Definitions), health care coverage including through the Health Insurance Marketplaces and Medicaid, and other social services, such as housing, adult education and employment assistance programs, and do so in a culturally and linguistically appropriate manner using comprehensive systems navigation. The goals of the RE-LINK interventions are:

- 1) improved coordination and linkages among criminal justice, public health, social service and private entities to address health care and health care access of the reentry population;
- 2) reduced health disparities experienced by the reentry and justice-involved population;
- 3) increased access to needed public health, behavioral health, health care coverage and/or social services; and
- 4) reduced recidivism.

OMH anticipates that awards will be funded in annual increments ranging from \$300,000 to \$375,000 each year for a five year period of performance. OMH intends to make available a total of \$2,000,000 for 5 to 6 competitive awards. OMH expects applicants to serve individuals ages 18-26 in communities with the greatest rates of minority and/or economically or environmentally disadvantaged reentrants discharged from jail to the community. OMH also

expects applicants to document significant experience providing services to racial and ethnic minority re-entry populations as well as linking reentrants to related health and support services. See the Definitions Appendix for definitions of minority and economically or environmentally disadvantaged populations.

A. PROGRAM DESCRIPTION:

Background:

The mission of OMH is to improve the health of racial and ethnic minority populations through the development of health policies and programs to eliminate health disparities. OMH serves as the focal point in HHS for leadership, policy development and coordination, service demonstrations, information exchange, coalition and partnership building, and related efforts to address the health needs of racial and ethnic minorities.

The importance of providing support for formerly incarcerated individuals' successful reentry to their communities as a critical tool in breaking the cycle of drug use and crime, providing a second chance, and improving the public health and public safety of our communities is widely recognized². RE-LINK will demonstrate the effectiveness of multiple stakeholders working together to implement a model transition process.

Approximately 2.2 million individuals are prisoners in the United States. About 60 percent of U.S. prisoners are either African American or Latino. In the United States, about one in every 35 African American men and one in every 88 Latino men is serving time, compared to one in 214 white men.³ Studies show that approximately two-thirds of those formerly

² <https://csgjusticecenter.org/nrrc/projects/firc/>, accessed 10/29/2015.

³ White House blog, July 7, 2015; <https://www.whitehouse.gov/blog/2015/07/15/president-obama-our-criminal-justice-system-isnt-smart-it-should-be>, accessed 10/29/2015.

incarcerated will likely be rearrested within three years of release⁴. In addition, more than 80% of state prisoners, 72% of federal prisoners, and 82% of jail inmates meet the criteria for having either a mental or substance use issue.⁵

Upon release from incarceration, transitional housing, or substance use disorder treatment programs, high-risk transitional populations may enter into a fragmented system that does not link them to appropriate health, behavioral health, social and supportive services, employment, mentoring and housing. While there are currently some forms of extensive case management, navigation, and coordination services provided to reentry and transitional populations, the availability of such services varies by state. Moreover, the referral and/or coordination services that are available may not be sufficiently intensive or comprehensive, due to severely limited community resources. Decreased accessibility to the job market, lack of job skills, lack of a medical home, and limited community resources coupled with difficulty in navigating a complex health and social service system, further decreases the quality of life for individuals who are already disenfranchised.

The communities receiving re-entrants are often impoverished and disenfranchised neighborhoods with few social supports and persistently high crime rates, for which the release of re-entrants represents a variety of challenges. Without employment, limited/no finances, and without housing, re-entrants often find themselves facing the same pressures and temptations that landed them in prison in the first place. Assisting re-entrants in securing health services, health coverage, education/training, employment, housing, and other social services are key elements for successful re-entry into their communities.

⁴ US Department of Justice, Prisoners and Prisoners Re-entry, http://www.justice.gov/archive/fbci/progmenu_reentry.html, accessed 9/30/2015.

⁵ US Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA), <http://www.samhsa.gov/criminal-juvenile-justice>, accessed 10/29/2015.

Program Purpose and Structure

The purpose of RE-LINK program is to improve the health outcomes for minority reentrants in transition from jail to their communities. Based on the disproportionate numbers of racial and ethnic minorities among the incarcerated and formerly incarcerated populations, RE-LINK will target the communities with the greatest rates of minority and/or economically or environmentally disadvantaged reentrants discharged from jail to the community. RE-LINK aims to address the barriers caused by system and service fragmentation by establishing Health and Social Service Networks (HSSNs) composed of organizations equipped to meet the complex needs of jail to community reentrants, ages 18-26, in transition. In those communities, RE-LINK and its HSSNs will provide the linkages for individuals ages 18-26 to services through comprehensive systems navigation, with the navigators system and the various services being linked providing culturally and linguistically appropriate services tailored to the populations being served. OMH expects that each funded RE-LINK project will serve at least 50 individuals each year of the project. OMH expects that the applicant organization will serve as the lead agency for the project, be responsible for its implementation and management, serve as the fiduciary agent for the grant, and establish the HSSN.

OMH expects that the creation of HSSNs and use of systems navigation will assist and link the jail reentry population in obtaining the following services: health care coverage including education about and assistance with enrolling in health care coverage through the Health Insurance Marketplaces and Medicaid, and education about how to use health coverage; health care including behavioral health services; housing; education and training; mentoring; and finding and keeping employment. OMH further expects that HSSNs will do so in a culturally

and linguistically appropriate manner tailored to the populations being served, using the blueprint of the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards) (<https://www.thinkculturalhealth.hhs.gov>). Using systems navigation, RE-LINK projects will establish connections between the jail reentry population and community-based organizations that provide linkages to healthcare including behavioral health, education, employment, housing, mentoring, and other social services. Funded RE-LINK projects will be required to evaluate and demonstrate the effectiveness of these networks' implementation of a model transition process.

There are numerous federal resources available to successful RE-LINK applicants to assist in providing some of the required linkages. For example, under the Affordable Care Act, HHS' Center for Medicare & Medicaid Services (CMS) makes available a variety of training materials and provides technical assistance to assist educating about and helping to enroll individuals in health coverage through the Health Insurance Marketplaces and Medicaid (<https://marketplace.cms.gov/>). CMS' *From Coverage to Care* initiative helps people understand how to use health coverage and provides materials and technical assistance to those helping consumers through this process (<https://marketplace.cms.gov/c2c>)

HHS' Substance Abuse and Mental Health Services Administration (SAMHSA) also provides numerous resources that may be used by successful RE-LINK applicants to assist in providing some of the required linkages. SAMHSA's [GAINS Center for Behavioral Health and Justice Transformation](#) provides programs, technical assistance, and resources to the field and to SAMHSA-funded grantees as they work to help communities deliver mental health and

substance use services to people in contact with the justice system⁶. The GAINS Center distributes topical resource information, such as webinars and training, on co-occurring disorders, integrating services, jail diversion, offender reentry treatment services, and specialty courts.

SAMHSA's [National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint \(NCTIC\)](#) supports development of approaches to eliminate the use of seclusion, restraints, and other coercive practices and to further advance the knowledge base related to implementation of trauma-informed approaches across multiple sectors, including criminal and juvenile justice. NCTIC provides technical assistance through in-person organizational technical assistance, virtual learning networks, technical assistance materials, and links to other resources supported by the federal government.

The goals of RE-LINK supported interventions are to: 1) improve coordination and linkages among the criminal justice, public health, social service and private entities to address health care and health care access of the reentry population, ages 18-26, from jail to their communities; 2) reduce health disparities experienced by this population; 3) increase access to needed public health, behavioral health, and/or social services; and 4) reduce recidivism. In FY 2016 and each of the subsequent four years, OMH expects this program to serve and impact at least 50 individuals ages 18-26 returning from jail and their communities, through social support and public health services. The assistance or benefits of the RE-LINK program will not be denied to any person based on race, sex, color or national origin.

⁶ SAMHSA, “State-Federal Collaborations”, last modified October 27, 2015 <http://www.samhsa.gov/criminal-juvenile-justice/state-federal-collaborations>.

Evaluation of RE-LINK projects is also key to measuring performance, determining best practices, and laying the groundwork for replicating successful projects.

OMH Expectations:

OMH expects that the RE-LINK Program will result in minority and/or economically or environmentally disadvantaged re-entrants from jail to the community having:

- Increased access to needed health care including behavioral health services, health insurance coverage, and social services such as housing, adult education, mentoring and employment assistance programs, with services and interventions being provided using comprehensive systems navigation and in a culturally and linguistically appropriate manner tailored to the population being served;
- Increased understanding of how to use health care coverage and the benefits of health care coverage.
- Improved coordination and linkages among public and private entities working together in Health and Social Services Networks;
- Reduced recidivism, improved quality of life and increased chances of a successful integration into their community; and
- Improved health and reduced health disparities.

Funded applicants must assist any re-entrant from jail to the community ages 18-26 seeking assistance, even if that person is not a member of the group the applicant states it expects to serve in its proposal.

Applicant Project Results

Applicants must identify anticipated project results that are consistent with the overall program purpose and OMH expectations. Project results should fall within the following categories:

- Increased access to care and improved coordination of health and support services including behavioral health services, health care coverage, social and support services such as housing, adult education, mentoring and employment assistance programs, with services and interventions being provided using comprehensive systems navigation and in a culturally and linguistically appropriate manner tailored to the population being served;
- Increased number of persons receiving systems navigation services and the coordinated health related and social service related services;
- Modified health behavior and improved access in utilization of healthcare, including behavioral health services, and social and supportive services;
- Improved capacity of communities to address social determinants of health and health disparities;
- Increased leveraging of resources and effectiveness in achieving intended outcomes through strategic partnerships, including those supported by CMS and SAMHSA; and
- Development and/or implementation of best practices-based disease management and health promotion programs and services designed to meet the specific needs of reentry populations.

AUTHORITY: Section 1707 of the Public Health Service Act (42 U.S.C. §300u-6.).

B. FEDERAL AWARD INFORMATION

OMH intends to make available approximately \$2,000,000 for competing grants for RE-LINK.

We will fund grants in annual increments (budget periods) and generally for a project period of up to 5 years, although we may approve shorter project periods. Funding for all approved budget periods beyond the first year of the grant is generally level with the initial award amount and is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of Federal funds.

Award Information

Estimated Funds Available for Competition: \$2,000,000

Anticipated Number of Awards: Approximately 5-6

Range of Awards: \$300,000 - \$375,000 per budget period

Anticipated Start Date: 07/01/2016

Period of Performance: Not to exceed 5 years

Budget Period Length: 12 months

Type of Award: Grant

Type of Application Accepted: Electronic via Grants.gov **ONLY unless an exemption is granted**

C. ELIGIBILITY INFORMATION

1. Eligible Applicants. The following entities are eligible to apply:

- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of

the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau);

- Nonprofit organizations with 501(c)(3) IRS status (other than institution of higher education);
- Nonprofit organizations without 501(c)(3) IRS status (other than institution of higher education);
- For-profit organizations (other than small business); for profit organizations must agree to forgo any profit or management fee;
- Small, minority, and women-owned business;
- Universities;
- Colleges;
- Research institutions;
- Hospitals;
- Community-based organizations;
- Faith-based organizations;
- Federally recognized or state-recognized American Indian/Alaska Native tribal governments;
- American Indian/Alaska Native tribally designated organizations;
- Alaska Native health organizations;
- Urban Indian health organizations;
- Tribal epidemiology centers; and
- Political subdivisions of states (in consultation with states).

2. *Cost Sharing or Matching*: None

3. Other Eligibility Information

Application Responsiveness Criteria

We will review your application to determine whether it meets the following responsiveness criteria. If your application does not meet the responsiveness criteria, we will eliminate it from the competition and it will not be reviewed.

- The applicant appears to have demonstrated that: the HSSN must be documented by a Letter of Commitment (LOC) between the applicant organization and each partner organization. Each LOC must clearly delineate the roles and resources (including in-kind) that each entity will bring to the project; state the duration and terms of the agreement; cover the entire project period; and be signed by an individual with the authority to represent the organization. Signatures may be by facsimile transmission or other electronic means, and the LOC may be executed in any number of counterparts, all of which together shall constitute one signed LOC. The LOC must be submitted with the application for funding.
- The applicant must submit with its application a confidentiality plan for participants/clients that covers the entire five year period of the project. The plan must include all network partners and be signed by the authorized representatives of each HSSN partner. Signatures may be by facsimile transmission or other electronic means, and the confidentiality plan may be executed in any number of counterparts, all of which together shall constitute one signed confidentiality plan.
- The applicant specifically addresses and intends to serve individuals released from jail, and not from prison.

We will consider only one application per organization under this announcement.

Applicants may submit more than one application but only the last one submitted before the deadline will be considered.

Application Screening Criteria

If your application is appropriately submitted, it will be screened to assure a level playing field for all applicants. If duplicate applications from the same organization for the same project are successfully submitted, only the last application received by the deadline will be reviewed. If your application fails to meet the screening criteria described below it will **not** be reviewed and will receive **no** further consideration.

1. Your application must be submitted electronically via www.grants.gov (unless an exemption was granted 2 business days prior to the deadline) by 5 p.m. ET, April 21, 2016.
2. Your Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½ " x 11" inch page size, with 1" margins on all sides (top, bottom, left and right) and font size not less than 12 points.
3. Your Project Narrative must **not** exceed 55 pages. NOTE: The following items do not count toward the page limit: all required forms, including SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary, and Budget Narrative (including budget tables).
4. Your total application, including the Project Narrative plus Appendices, must **not** exceed 70 pages. NOTE: The items noted in #3 above do not count toward the total page limit.
5. Your proposed budget does **not** exceed the maximum indicated in Range of Awards.
6. Your application meets the **Application Responsiveness Criteria** outlined above.

D. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

You may obtain an application package electronically by accessing Grants.gov at <http://www.grants.gov/>. You can find it by searching on the CFDA number shown on page 1 of this funding opportunity announcement. If you have problems accessing the application or difficulty downloading, contact:

Office of Grants Management

Phone: 240-453-8822

Email: ogm.oash@hhs.gov

2. Content and Form of Application Submission

i. **Letter of Intent -- Not Required.**

ii. Application Format

Your application must be prepared using the forms and information provided in the online grant application package.

The Project Narrative, and total application including appendices, must adhere to the page limit indicated in Application Screening Criteria listed in Section C.

You must double-space the Project Narrative pages.

You should use an easily readable typeface, such as Times New Roman or Arial. You *must* use 12-point font. You may single-space tables or use alternate fonts but you must ensure the tables are easily readable. The page limit does not include the Budget Narrative (including budget tables), required forms, assurances, and certifications as described in Application

Screening Criteria. Please do not number pages or include a table of contents. Our grants management system will generate page numbers once your application is complete.

If your application exceeds the specified page limits for the Project Narrative or Project Narrative plus Appendices when printed on 8.5” X 11” paper by HHS/OASH/OGM, it will not be considered. We recommend you print out your application before submitting electronically to ensure that it is within the page limits and is easily readable.

Appendices

Your Appendices should include any specific documents outlined in Section D.2.iii., under the heading “Appendices” in the Application Content section of this funding opportunity announcement. You should not include brochures and bound materials. If you create Appendices specifically for this application, you should use the same formatting required for the Project Narrative, including double-line spacing. However, if you include appendix documents that were not created directly in response to this funding announcement, especially those imported from other sources and documents (e.g., organizational structure), you may retain the original formatting, but the pages must be easily readable.

Project Abstract

You must complete the Project Abstract Summary form provided in the application package. The abstract will be used to provide reviewers with an overview of the application and will form the basis for the application summary in grants management and program summary documents. HHS may publish your abstract if your project is funded; therefore, it should not include sensitive or proprietary information.

Budget Narrative

The Budget Narrative text should use the formatting required of the Project Narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily-readable format and within the printable margins of the page.

iii. Application Content

Successful applications will contain the following information:

Project Narrative

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for a grant under this announcement. The Project Narrative should provide a clear and concise description of your project. HHS/OASH recommends that your project narrative include the following components:

Executive Summary

Problem Statement

Organizational Capability

Goals and Objectives

Outcomes

Program Plan

- Proposed Intervention
- Special Target Populations and Organizations
- Project Management

Evaluation

Dissemination

Executive Summary. This section should include a brief description of the proposed project, including: goal(s), objectives, intended target population and geographic area to be served, and outcomes, and identify key partners.

Problem Statement. This section should describe, in both quantitative and qualitative terms, the nature and scope of the specific and particular problem or issue, and the proposed intervention it is designed to address. It should detail how the project will potentially affect the targeted population, specific subgroups within those populations, and other interested stakeholders as identified. We recommend that you focus your problem statement on the specific aspects of the program area and targeted communities, including gaps in and fragmentation of services provided, and the roles of the national, state, and local agencies responsible for their operation, rather than providing a broad or sweeping historical overview that is not directly related to the proposed interventions and activities. Particular attention should be paid to federal, state and local data and statistics on the reentry jail population including the make-up of the reentry jail population in the community the project would serve and the impact on the targeted communities.

Organizational Capability. Your application should include an organizational capability statement and vitae or biographical sketches for key project personnel. The organizational capability statement should describe how the applicant agency (or the

particular division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work, and the capabilities it possesses. This description should cover capabilities of the applicant agency not included in the program narrative, such as any current or previous relevant experience and/or the record of the project team in managing projects and providing services relevant to RE-LINK. If appropriate, include an organization chart showing the relationship of the project to the current organization. In this chart you can include the contractual and/or supportive organizations that will become part of the network.

Also include information about any contractual or other partner organizations that will have a secondary role in implementing the project and achieving project goals.

OMH expects applicants to document significant experience providing services to racial and ethnic minority re-entry populations as well as linking reentrants to related health and support services, such as coordinating healthcare, behavioral health services, health care coverage, education and training, and social/support services such as housing, adult education, mentoring and employment assistance programs.

Goals and Objectives. This section should consist of a description of the project's goal(s) and major objectives. Objectives must follow the SMART approach (Specific, Measurable, Attainable/Achievable, Relevant, and Time bound.) Developing specific, measurable objectives requires time, orderly thinking, and a clear picture of the results expected from program activities. The more specific your objectives are, the easier

it will be to demonstrate success. SMART objectives can serve as your performance measures because they provide the specific information needed to identify expected results.

Outcomes. This section of the project narrative must clearly identify the measurable outcome(s) that will result from your project. HHS/OASH will not fund any project that does not include measurable outcomes. In addition to discussion in the narrative, applicants must describe how they envision the project will benefit the field at large.

A “measurable outcome” is an observable end-result that describes how a particular intervention benefits program participants. It demonstrates the “impact” of the intervention. For example, a change in a client’s financial, health, health coverage and/or functional status; mental well-being; knowledge; skill; attitude; awareness; education or employment status; housing status; or behavior. It can also describe a change in the degree to which participants exercise choice over the types of services they receive, or whether they are satisfied with the way a service is delivered. Additional examples include: a change in the responsiveness or cost-effectiveness of a service delivery system; a new model of support or care that can be replicated; new knowledge; a measurable increase in community awareness; or a measurable increase in persons receiving services. A measurable outcome is not a measurable output, such as: the number of clients served; the number of training sessions held; or the number of service units provided.

You should keep the focus of this section on describing ***what*** outcome(s) will be produced by the project. You should use the Evaluation section noted below to describe ***how*** the outcome(s) will be measured and reported. Your application will be scored on the clarity and nature of your proposed outcomes, not on the number of outcomes cited. In many cases, it is very appropriate for a project to have only ***ONE*** outcome that it is trying to achieve through the intervention reflected in the project's design.

Program Plan

- **Proposed Intervention.** This section should provide a clear and concise description of the intervention you are proposing to use to address the need identified in the funding opportunity announcement and the problem described in the “Problem Statement” above. You are expected to explain the rationale for using a particular intervention and to present a clear connection between identified system gaps and needs and your proposed activities. Your proposal should detail the nature of the activities to be undertaken, how they address system gaps and identified issues, and how they will assist in achieving the overall project goals and objectives. Clarification as to why these specific activities were selected is appropriate (e.g., whether this approach has been successful in other settings, or whether the research suggest this direction). Also note any major barriers you anticipate encountering and how your project will be able to overcome those barriers. At minimum, you should:
 - Indicate a plan for addressing the problems or issues. Provide detailed descriptions of specific products or outcomes proposed for development or modification;

- Demonstrate how technology will be incorporated to advertise and advance programs and services, provide training and/or technical assistance, and disseminate information and products;
 - Describe the role and makeup of potential subrecipients and other partners intended to be involved in completing specific tasks, and identify the level of effort each subrecipient is anticipated to provide in completing programmatic activities;
 - Provide specifics about the intervention strategies, expected outcomes, and barriers for all anticipated years of the grant.
- **Special Target Populations and Organizations.** This section should describe the minority and/or economically or environmentally disadvantaged populations, the languages spoken by them if they are limited English proficient, and the geographic areas you intend to serve through this project. This section should also describe how many individuals the project expects to serve for all anticipated years of the grant. It should also include how you plan to involve community-based organizations, network partners, and stakeholders in a meaningful way in the planning and implementation of the proposed project. Additionally, this section should outline who you consider vested stakeholders in the successful operation, how they were/will be identified, and how they will be meaningfully incorporated into the project.
 - **Project Management.** This section should include a clear delineation of the roles and responsibilities of project staff and subrecipients and other partners and how they

will contribute to achieving the project's objectives and outcomes. It should specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress; evaluation of the project; preparation of reports; and communications with other partners and HHS/OASH. It should also describe the approach that will be used to monitor and track progress on the project's tasks and objectives. HHS/OASH expects that, throughout the grant period, the Principal Investigator or Project Director will have involvement in and substantial knowledge about all aspects of the project.

Evaluation. This section should describe the methods you will use to evaluate whether or not the proposed intervention achieves its measurable outcome(s) and assess and evaluate the impact of activities for which you are applying. You should describe the quantitative and qualitative tools and techniques that you will employ to measure the outcome(s) and how you will identify and document the "lessons learned." The evaluation section should describe the type of data expected to be gathered, frequency, and how this data would contribute to improve current and future interventions.

Applicants must provide a logic model as suggested in the *Strategic Framework for OMH: Improving Racial and Ethnic Minority Health and Eliminating Racial and Ethnic Health Disparities*. The OMH Strategic Framework can be found at: <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=20>. Applicants are also strongly encouraged to refer to "Evaluation Planning Guidelines for Grant Applicants" when developing the evaluation plan for the proposal. This document can be found at:

<http://minorityhealth.hhs.gov/Assets/pdf/Checked/1/Evaluation%20Planning%20Guidelines%20for%20Grant%20Applicants.pdf>.

Note: Successful applicants will be required to report project-related data in the Office of Minority Health's Performance Data System (PDS) (OMB No. 0990-0275, Expiration date 08/31/16). PDS is a web-based management information system developed by the Office of Minority Health to enable collection of standardized performance data from OMH grant recipients.

Dissemination. This section should describe the method that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats to the target audience, the general public, and other parties who might be interested in using the results of the project. All appropriate findings and products will be posted on a HHS/OMH sponsored website as determined by HHS/OMH. Therefore, you should propose innovative approaches to informing parties who might be interested in using the results of your project to inform practice, service delivery, program development, and/or policy-making, especially to those parties who would be interested in replicating the project. HHS/OMH expects that nationwide dissemination of products and knowledge will occur.

Budget Narrative

You are required to submit a combined multi-year Budget Narrative, as well as a detailed Budget Narrative for each year of the potential grant. Unless specified, you should develop your multi-year budgets based on level funding for each budget period. A level-funded budget is equal

to the exact dollar figure of the year one budget. Your Budget Narrative should detail all costs. Please be sure to carefully review Section D.6 Funding Restrictions for specific information on allowable, unallowable, and restricted costs. Staff should be listed by position with salary and percentage of full-time equivalent to be devoted to this project, and the percentage of salary to be charged to the project. Any participant incentives proposed to be provided should be fully justified and include a description of internal controls in place to verify proper use. ***Please Note:*** Because your proposal must demonstrate a clear and strong relationship between the stated objectives, project activities, and the budget, the Budget Narrative should describe the ***cost estimated per proposed project, activity, service delivered, and/or product***. The Budget Narrative should define the amount of work that is planned and expected to be performed and what it will cost with an explanation of how you expect this to be cost effective. The Budget Narrative does not count toward your total application page limit.

Appendices

All items described in this section will count toward the total page limit of your application.

Work Plan. The Project Work Plan should reflect, and be consistent with, the Project Narrative and Budget, and must cover all years of the project period. However, each year's activities should be fully attainable in one budget year. Multi-year activities may be proposed, as well as activities that build upon each other, but each phase of the project must be discreet and attainable within a single budget year. The Work Plan should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks, action steps, or products that will be pursued or developed to achieve the goal and outcome(s). For each major task of each year, action step, or product, the

work plan should identify the timeframes involved (including start- and end-dates), and the lead person responsible for completing the task.

Letter of Commitment from Subrecipient Organizations and Agencies

A Letter of Commitment is required for all organizations and entities that have been specifically named as a subrecipient or network partner to carry out any aspect of the project. The Letter of Commitment must: detail the specific role and resources (including in-kind) that will be provided or activities that will be undertaken by each subrecipient or network partner in support of the applicant and application; describe each subrecipient's or network partner's expertise, experience, and access to the application's targeted population; state the duration and terms of the agreement; cover the entire project period; and be signed by an individual with the authority to represent the subrecipient or network partner organization. A Letter of Commitment must be submitted and include all subrecipients and network partners. Signatures may be by facsimile transmission or other electronic means, and the Letter of Commitment may be executed in any number of counterparts, all of which together shall constitute one signed Letter of Commitment.

Letters of support are not the same as a Letter of Commitment. Letters of Support will not be accepted in lieu of a Letter of Commitment. Applicants should NOT provide letters of support, as letters of support such as this will not be considered during the review.

Client Confidentiality Plan

The applicant must submit with its application a confidentiality plan for participants/clients that covers the entire five year period of the project. This plan must include all network partners, and must be a single document signed by authorized representatives of each participating organization. The client confidentiality plan should be developed collectively among project partners and the process must be consistent across network partners. The client confidentiality plan must be signed by an authorized representative of each network member organization. Signatures may be by facsimile transmission or other electronic means, and the confidentiality plan may be executed in any number of counterparts, all of which together shall constitute one signed confidentiality plan.

Successful applicants will be required to submit a signed confidentiality agreement. See Program Specific Terms and Conditions, below.

3. Unique Entity Identifier and System for Award Management (SAM)

- You are required to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements through Grants.gov. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.

- You will find instructions on the Grants.Gov web site as part of the organization registration process at <http://www.grants.gov/web/grants/applicants/organization-registration.html>.
- Your organization must register online in the System for Account Management (SAM). **Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations.**
- A quick start guide for grant registrants is available at https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf.
You should allow a *minimum* of five days to complete an initial SAM registration. Allow up to 10 business days *after you submit* your registration for it to be active in SAM.
- If your organization is already registered in SAM, you must renew your SAM registration *each* year. Organizations registered to apply for Federal grants through <http://www.grants.gov> will need to *renew* their registration in SAM.
- It may take 24 hours or more for SAM updates to take effect in Grants.gov, so if you plan to apply for this funding opportunity or think you might apply, you should *check for active registration in SAM well before the application deadline.*
- If you are successful and receive a grant award, you must maintain an active SAM registration with current information at all times during which your organization has an active award or an application or plan under consideration by an HHS agency.

HHS/OASH cannot make an award until you have complied with these requirements. In accordance with 2 CFR § 25.205, at the time an award is ready to be made, if you have not complied with these requirements, HHS/OASH:

- May determine that you are not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier sub-award recipients must have a DUNS number at the time you, the recipient, make a sub-award.

4. Submission Dates and Times

You must submit your application for this funding opportunity by **5:00 p.m. Eastern Time on the date indicated in the DATES section on page 1 of this announcement.** Your submission time will be determined by the date and time stamp provided by Grants.gov when you **complete** your submission.

If you fail to submit your application by the due date and time, we will not review it, and it will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with <http://www.grants.gov>. Grants.gov can take up to 48 hours to notify you of a successful submission. You are better off having a less-than-perfect application successfully submitted than no application at all.

If your submission fails due to problems with Grants.gov, we may consider your application if you provide verification from Grants.gov indicating system problems existed at the time of your submission **and that time was before the submission deadline.**

5. Intergovernmental Review

Applications under this announcement are subject to the requirements of Executive Order 12372, “Intergovernmental Review of Federal Programs,” as implemented by 45 CFR part 100, “Intergovernmental Review of Department of Health and Human Services Programs and Activities.” As soon as possible, you should discuss the project with the State Single Point of Contact (SPOC) for the State in which your organization is located. The current listing of the SPOCs is available at http://www.whitehouse.gov/omb/grants_spoc. For those states not represented on the listing, further inquiries should be made by the applicant regarding submission to the relevant SPOC.

The SPOC should forward any comments to the Department of Health and Human Services 1101 Wootton Parkway, Suite 550, Rockville, MD 20852. The SPOC has 60 days from the due date listed in this announcement to submit any comments. For further information, contact the HHS/OASH Office of Grants Management at 240–453–8822.

6. Funding Restrictions

The allowability, allocability, reasonableness, and necessity of direct and indirect costs that may be charged to HHS/OASH grants must be in accordance with Department regulations and policy effective at the time of the award. Current requirements are outlined at 45 CFR part 75 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.”

Indirect costs may be included per 45 CFR § 75.414. Applicants should indicate which method and/or rate is used for this application. To obtain a negotiated indirect cost rate with the Federal Government you may contact the U.S. Department of Health and Human Services Cost Allocation Services (CAS) regional office that is applicable to your State. A list of CAS regional offices is included in the grant application package for this announcement.

Pre-Award Costs:

Pre-award costs are not allowed.

Salary Limitation:

The Consolidated Appropriations Act, 2016 (P.L. 114-113) limits the salary amount that you may be awarded and charge to HHS/OASH grants and cooperative agreements. Award funds should not be budgeted to pay the salary of an individual at a rate in excess of Executive Level II. Currently, the Executive Level II salary of the Federal Executive Pay scale is \$185,100. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under an HHS/OASH grant or cooperative agreement.

As an example of the application of this limitation: If an individual's base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$185,100, their direct salary would be \$92,550 (50% FTE), fringe benefits of 25% would be \$23,137.50, and a total of \$115,687.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual's <i>actual</i> base full time salary: \$350,000

50% of time will be devoted to project	
Direct salary	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
<p>Amount that may be claimed on the application budget due to the legislative salary limitation:</p> <p>Individual's base full time salary <i>adjusted</i> to Executive Level II: \$185,100</p> <p>50% of time will be devoted to the project</p>	
Direct salary	\$92,550.00
Fringe (25% of salary)	\$23,137.50
Total amount	\$115,687.50

Appropriate salary limits will apply as required by law.

7. Other Submission Requirements

Electronic Submission

HHS/OASH requires that all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted. If you submit an application via any other means of electronic communication, including facsimile or electronic mail, it *will not* be accepted for review.

You may access the Grants.gov website portal at <http://www.grants.gov>. All HHS/OASH funding opportunities and grant application packages are made available on Grants.gov.

Your application will not be considered valid until all application components are received via Grants.gov by the HHS/OASH Office of Grants Management according to the deadlines specified in the DATES section on page 1 of this announcement. If your application does not adhere to the due date and time requirements, it will be deemed ineligible and receive no further consideration.

If you choose to apply, you are encouraged to initiate electronic applications early in the application development process. Applying in advance of the deadline will allow you to address any problems with submissions prior to the application deadline. Any files uploaded or attached to the Grants.gov application must be of the following file formats – Microsoft Word, Excel or PowerPoint, Adobe PDF, or image formats (JPG, GIF, TIFF, or BMP only). Even though Grants.gov allows applicants to attach any file format as part of their application, HHS/OASH restricts this practice and only accepts the file formats identified above. If you submit any file part of the Grants.gov application that is not in a file format identified above, it will not be accepted for processing and will be excluded from your application during the review process. You must submit your application in a format that can easily be copied and read by reviewers. We do not recommend that you submit scanned copies through Grants.gov unless you confirm the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. If you submit documents that do not conform to the above, we will exclude them from your application during the review process.

Important Grants.gov Information

You may access the electronic application for this program on <http://www.grants.gov>. You must search the downloadable application page by the Funding Opportunity Number or CFDA number, both of which can be found on page 1 of this funding opportunity announcement.

To ensure successful submission of your application, you should carefully follow the step-by-step instructions provided at <http://www.grants.gov/web/grants/applicants/apply-for-grants.html> . These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information.

You should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through Grants.gov. See Section D.3 for requirements related to DUNS numbers and SAM registrations.

E. APPLICATION REVIEW INFORMATION

1. Criteria: Eligible applications will be assessed according to the following criteria:

Factor 1: Executive Summary/Problem Statement, and Program Plan (45 points total):

1.1 Executive Summary/Problem Statement (5 points)

- The quality of the information provided about the nature and scope of the proposed project and how well it appears to address the specific problem and/or issues.

1.2 Proposed Intervention (15 points)

- Appropriateness and merit of proposed approach in terms of methodology, creativity, and innovation relative to each objective.
- The quality of the logic and sequencing of the planned approach relative to the problem statement and objectives.

- The quality of the composition of the proposed HSSN, navigators systems, and incorporation of culturally and linguistically appropriate services tailored to the target population(s).

1.3 Special Target Populations (10 points)

- Describe and document with data demographic information on the targeted geographic area, and the significance or prevalence of formerly jailed re-entrants in the targeted geographic area among the target minority or economically or environmentally disadvantaged group(s). Describe the group(s) targeted by the project (e.g., race/ethnicity, age, gender, educational level, income, and specific subpopulations, including individuals with mental and/or substance use disorders), and the primary languages spoken by the target population if there is high incidence of Limited English Proficiency.
- Describe how many individuals the project expects to serve for all anticipated years of the grant. Note that OMH expects successful applicants to serve a minimum of 50 individuals, ages 18-26 at the time the individual is first provided services under the project, each year of the grant.
- Describe the vested stakeholders in the successful operation of the project, and how they and other community-based organizations will be meaningfully incorporated into the project.

1.4 Project Management (15 points)

- Evidence of applicant's capacity to carry out the plan.
- Qualifications, experience and appropriateness of proposed partner organizations.

- Qualifications, experience and appropriateness of proposed key staff.
- Soundness of the HSSN, collaborative partners and the detail provided relative to the experience, defined roles, resources/and or services each entity will provide to clients/participants for the project (must cover the entire project period) as documented by the Letter of Commitment signed by all subrecipients and partners.
- Soundness of the client confidentiality plan for and signed by all subrecipients and partners.
- The quality and soundness of the applicant's plan to provide culturally and linguistically appropriate services, as set forth in the National CLAS Standards (<https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>), tailored to the target population(s).

Factor 2: Goals, Objective and Outcomes (15 points):

- The extent to which project goals and objectives and target population(s) are aligned to RE-LINK purpose and expectations and to the stated problems to be addressed.
- The merit of the goals and objectives.
- The extent to which the goals and objectives appear to be achievable in the stated time frame.
- The extent to which the objectives are specific, measurable, achievable, realistic and time-phased (SMART).

- The quality and nature of the proposed measurable outcomes.
- The extent of the expected impact on the target population of the proposed measurable outcomes.

Factor 3: Background and Experience, and Organizational Capability (15 points):

3.1 Background and Experience with the Targeted Population

- Demonstrated knowledge of minority re-entry jail populations and their health and social support needs, and the communities to be served.
- Amount and quality of previous experience providing services to minority jail re-entry populations including the extent and documentation of successful outcomes of past efforts and activities relative to providing services to them.
- Amount and quality of previous experience coordinating healthcare, behavioral health services, health care coverage, education and training, and social/support services such as housing, mentoring and employing assistance, to minority re-entry populations including the extent and documentation of successful outcomes of past efforts and activities relative to this experience.

3.2 Organizational Capability

- How clearly the application describes applicant's areas of expertise, organizational structure, key personnel and credentials of key staff, relevant technical experience, unique capabilities, and history of performing and implementing similar projects, and how well these support applicant's capability to carry out the project.

- How clearly the application describes the applicant's subrecipients or partners who will have a secondary role in implementing the project and achieving project goals, including information which clearly supports their capability to carry out their expected responsibilities and activities for the project.
- The application clearly describes the applicant's plan for clear relationships, responsibilities, and lines of authority between the applicant and collaborating organizations.
- The strength of commitment of the applicant organization in terms of managerial and leadership support and staffing necessary to carry out proposed plan.
- The quality and completeness of the signed Letter of Commitment between the applicant and the project's subrecipients and partners.
- The quality and completeness of the signed client confidentiality plan between the applicant and all of the project's subrecipients and partners.

Factor 4: Evaluation and Dissemination Plan (20 points total)

4.1 Evaluation (15 points)

- Clearly articulated and detailed plan for monitoring and evaluating progress toward desired results.
- Soundness of the plan for tracking, assessing, and documenting progress toward achieving objectives, planned activities, and intended outcomes.
- Clarity and quality of the plan for measuring RE-LINK outcomes and accomplishments.

- Clearly articulated and sound evaluation methods that are consistent with OMH evaluation guidelines, including the quality of the proposed logic model for evaluation.

4.2 Dissemination (5 points)

- A clear and sound plan that describes the method(s) that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats to other organizations and entities that serve formerly incarcerated minority populations, other stakeholders, the general public, and other parties who might be interested in using the results of the project.

Factor 5: Budget (5 points)

- Submission of a combined multi-year Budget Narrative, as well as a detailed Budget Narrative for each year of the potential grant.
- Degree to which the proposal demonstrate a clear and strong relationship between the stated objectives, project activities, and the budget.
- Appropriateness and relevance of requested costs over the budget period specified in this Funding Opportunity Announcement.

2. Review and Selection Process

Each HHS/OASH Program's office is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth above.

An independent review panel will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their fields, and are

drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section E.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance.

Final award decisions will be made by the Deputy Assistant Secretary for Minority Health. In making these decisions, the following additional criteria may be taken into consideration: geographic distribution.

All award decisions, including level of funding if an award is made, are final and not appealable to any office or official in HHS/OASH/OMH.

3. Review of Risk Posed by Applicant

The HHS/OASH will evaluate each application in the fundable range for risks posed by an applicant before issuing an award in accordance with 45 CFR § 75.205. This evaluation may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If we determine that a Federal award will be made, special conditions that correspond to the degree of risk assessed by the applicant will be applied to the Federal award. OASH will use a risk-based approach and may consider any items such as the following:

- (1) Applicant's financial stability;
- (2) Quality of management systems and ability to meet the management standards prescribed in 45 CFR part 75;

- (3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- (4) Reports and findings from audits performed; and
- (5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently \$150,000), we are required to review and consider any information about you that is in the designated integrity and performance system accessible through the System for Award Management (SAM) (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). You may, at your option, review information in SAM and comment on any information about yourself that a Federal awarding agency previously entered and is currently available through SAM. We will consider any comments by you, in addition to the other information in the designated system, in making a judgment about your integrity, business ethics, and record of performance under Federal awards when completing the review of risk posed by applicants.

4. Anticipated Announcement and Federal Award Dates

HHS/OASH seeks to award funds as much in advance of the anticipated project start date shown in Section B “Federal Award Information,” as practicable, with a goal of 10-15 days.

F. FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

The HHS Office of the Assistant Secretary for Health does not release information about individual applications during the review process. If you would like to track your application, please see instructions at <http://www.grants.gov/web/grants/applicants/track-my-application.html>. The official document notifying you that a project application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer of the HHS/OASH Office of Grants Management. If you are successful, you will receive this document via system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of the amount of money awarded, the purposes of the grant, the anticipated length of the project period, terms and conditions of the grant award, and the amount of funding to be contributed by the grantee to project costs, if applicable. Grantees should pay specific attention to the terms and conditions of the award as indicated on the NOA, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the grant.

If you are unsuccessful, you will be notified by the program office by email and/or letter and will receive summary comments pertaining to the application resulting from the review process. On occasion, some applicants may receive a letter indicating that an application was approved but unfunded. These applications are kept active for one year and may be considered for award without re-competing should funds become available during the hold period.

2. Administrative and National Policy Requirements

If you are successful and receive a Notice of Award, in accepting the grant award, you stipulate that the award and any activities thereunder are subject to all provisions of 45 CFR part

75, currently in effect or implemented during the period of the grant or other Department regulations and policies effective at the time of the award.

In addition, your organization must comply with all terms and conditions outlined in the Notice of Award, the U.S. Department of Health and Human Services (HHS) Grants Policy Statement (GPS), requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts. The current HHS GPS is available at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsggps107.pdf>. Please note HHS plans to revise the HHS GPS to reflect changes to the regulations; 45 CFR parts 74 and 92 have been superseded by 45 CFR part 75.

Grant funds may only be used to support activities outlined in the approved project plan. The successful applicant will be responsible for the overall management of activities within the scope of the approved project plan. Please consult the HHS GPS Section II and 45 CFR §75.308 for aspects of your grant award that will require prior approval for any changes from the Grants Management Officer. Modifications to your approved project that will require prior approval, include but are not limited to, a change in the scope or the objective of the project or program (even if there is no associated budget revision); budget revisions, including changes in the approved cost-sharing or matching; a change in a key person specified in your application; reduction in time devoted to the project by the approved project director or principal investigator, either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or the subawarding, transferring or contracting out of any work that was not described in the approved proposal.

Program Specific Terms and Conditions

Confidentiality Agreement. If you are successful and receive a Notice of Award, your award will include a term requiring you to maintain a detailed confidentiality agreement for participants/clients for the funded period. This agreement must include all network partners and must be a single document signed by authorized representatives of each participating organization. Signatures may be by facsimile transmission or other electronic means, and the confidentiality plan may be executed in any number of counterparts, all of which together shall constitute one signed confidentiality plan.

Lobbying Prohibitions

Pursuant to the Consolidated Continuing Appropriations Act, 2016 (P.L. 114-113), you shall not use any funds from an award made under this announcement for other than normal and recognized executive legislative relationships. You shall not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

You shall not use any funds from an award made under this announcement to pay the salary or expenses of any employee or subrecipient, or agent acting for you, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

The above prohibitions include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Non-Discrimination Requirements

Pursuant to Federal civil rights laws, if you receive an award under this announcement you must not discriminate on the basis of race, color, national origin, disability, age, and in some cases sex and religion. The HHS Office for Civil Rights provides guidance to grantees in complying with civil rights laws that prohibit discrimination.

www.hhs.gov/ocr/civilrights/understanding/index.html.

HHS provides guidance to recipients of federal financial assistance on meeting the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency. See *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient*

Persons, 68 Fed. Reg. 47311, 47313 (HHS Office for Civil Rights, 2003, <http://www.gpo.gov/fdsys/pkg/FR-2003-08-08/pdf/03-20179.pdf>) or www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html. You must ensure your contractors and subrecipients also comply with federal civil rights laws.

The *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (National CLAS Standards), 78 Fed. Reg. 58539, 58543 (HHS Office of Minority Health, 2013, www.gpo.gov/fdsys/pkg/FR-2013-09-24/pdf/2013-23164.pdf), provides a practical framework for grant applicants to provide quality health care and services to culturally and linguistically diverse communities, including persons with limited English proficiency. Compliance with the National CLAS Standards meets the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency

Smoke- and Tobacco-free Workplace

The HHS/OASH strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS/OASH mission to protect and advance the physical and mental health of the American people.

Acknowledgement of Funding and HHS Rights to Materials and Data

Federal grant support must be acknowledged in any publication you develop using funds awarded under this program, with language such as:

This publication (journal article, etc.) was supported by Award No. _____ from the Office of Minority Health (OMH). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OMH.

All publications you develop or purchase with funds awarded under this announcement must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), you own the copyright for materials that you develop under this grant, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for Federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal government has the right to obtain, reproduce, publish, or otherwise use data produced under this grant and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hhs.gov/opa/grants/trafficking_in_persons_award_condition.html. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement to obtain a copy of the term.

Efficient Spending

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and

Publications available at <http://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/>.

Pilot Whistleblower Protection

If you receive an award, you will be subject to a term and condition that applies the terms of 48 CFR § 3.908 to the award, and requires that grantees inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

Same-sex Spouses, Marriages, and Households

A standard term and condition of award will be included in the final Notice of Award (NOA) that states: “In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By “same-sex spouses,” HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By “same-sex marriages,” HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By “marriage,” HHS does not mean registered domestic partnerships, civil unions or

similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage.”

3. Reporting

Performance Reports

You must submit performance reports on a quarterly basis. Your performance reports must address content required by 45 CFR § 75.342(b)(2). You must submit your performance reports by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

You will also be required to submit a final progress report covering the entire project period 90 days after the end of the project period. You must submit the final report by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

Successful applicants will be required to report project-related data in the Office of Minority Health’s Performance Data System (PDS) (OMB No. 0990-0275, Expiration date 08/31/16). PDS is a web-based management information system developed by the Office of Minority Health to enable collection of standardized performance data from OMH grant recipients.

Performance Measures

OMH expects that each successful applicant’s project will result in minority and/or disadvantaged re-entrants from jail to the community the project is serving to result in:

- Increased access to needed health care including behavioral health services, health insurance coverage, and social services such as housing, adult education, mentoring and

employment assistance programs, with services and interventions being provided using comprehensive systems navigation and in a culturally and linguistically appropriate manner tailored to the population being served;

- Increased understanding of how to use health coverage and the benefits of health coverage.
- Improved coordination and linkages among public and private entities working together in Health and Social Services Networks;
- Reduced recidivism, improved quality of life and increased chances of a successful integration into their community; and
- Improved health and reduced health disparities.

Financial Reports

You will be required to submit quarterly and annual Federal Financial Reports (FFR) (SF-425). Your specific reporting schedule will be issued as a condition of grant award. You will also be required to submit a final FFR covering the entire project period 90 days after the end of the project period. You must submit FFRs via our grants management system (GrantSolutions.gov) FFR module.

Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note, at this time, these FFR reports are separate submissions via the Payment Management System. At this time, data is not transferable between the two systems and you will report twice on certain data elements.

Audits

If your organization receives \$750,000 or greater of Federal funds, it must undergo an independent audit in accordance with 45 CFR part 75, subpart F or regulations and policy effective at the time of the award.

Non-competing Continuation Applications and Awards

Each year of the approved project period, you will be required to submit a noncompeting application which includes a progress report for the current budget year, and work plan, budget and budget justification for the upcoming year. Specific guidance will be provided via Grant Solutions well in advance of the application due date. HHS/OASH will award continuation funding based on availability of funds, satisfactory progress of the project, and grants management compliance, including timely reporting. Additionally, failure to provide final progress or financial reports on other grants with HHS may affect continuation funding.

FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<http://www.FSRS.gov>) for all sub-awards and sub-contracts issued for \$25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

Reporting of Matters Relating to Recipient Integrity and Performance

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you must maintain the currency of

information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in paragraph 2 of Appendix XII to 2 CFR part 200—Award Term and Condition for Recipient Integrity and Performance Matters. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available. For more information about this reporting requirement related to recipient integrity and performance matters, see Appendix XII to 2 CFR part 200.

Other Required Notifications

Before you enter into a covered transaction at the primary tier, in accordance with 2 CFR § 180.335, you as the participant must notify HHS/OASH, if you know that you or any of the principals for that covered transaction:

- (a) Are presently excluded or disqualified;
- (b) Have been convicted within the preceding three years of any of the offenses listed in 2 CFR § 180.800(a) or had a civil judgment rendered against you for one of those offenses within that time period;
- (c) Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses listed in 2 CFR § 180.800(a); or
- (d) Have had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

At any time after you enter into a covered transaction, in accordance with 2 CFR § 180.350, you must give immediate written notice to HHS/OASH if you learn either that—

- (a) You failed to disclose information earlier, as required by 2 CFR § 180.335; or
- (b) Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in 2 CFR § 180.335.

G. HHS AGENCY CONTACTS

Administrative and Budgetary Requirements and Program Requirements:

For information related to administrative and budgetary requirements, contact the HHS/OASH Office of Grants Management grants specialist listed below.

DeWayne Wynn

Grants Management Specialist

1101 Wootton Parkway, Suite 550

Rockville, MD

Phone: 240-453-8822

Email: dewayne.wynn@hhs.gov

For information on program requirements, contact the program office.

Victor Olano, Project Officer

1101 Wootton Parkway, Suite 600

(240) 453-8444

Rockville, MD

Email: victor.olano@hhs.gov

H. OTHER INFORMATION

Awards under this Announcement

We are not obligated to make any Federal award as a result of this announcement. Only the grants officer can bind the Federal government to the expenditure of funds. If you

receive communications to negotiate an award or request additional or clarifying information, this does not mean you will receive an award; it only means that your application is still under consideration.

Application Elements

The below is a summary listing of all the application elements required for this funding opportunity.

Application for Federal Assistance (SF-424)

Budget Information for Non-construction Programs (SF-424A)

Assurances for Non-construction Programs (SF-424B)

Disclosure of Lobbying Activities (SF-LLL)

Project Abstract Summary

Project Narrative

Budget Narrative

Appendices:

- Organizational Capability Statement and Curriculum Vitae for Key Project Personnel;
- Letters of Commitment for the HSSN Networks
- Work Plan
- Confidentiality Plan



J. Nadine Gracia, MD, MSCE
Deputy Assistant Secretary for Minority Health
Director, Office of Minority Health
U.S. Department of Health and Human Services

February 17, 2016

APPENDIX A

Definitions

Behavioral health is a general term that encompasses the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for mental and/or substance use disorders.⁷

Economically Disadvantaged refers to an individual who comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.

Environmentally Disadvantaged refers to an individual who comes from an environment that has inhibited him/her from obtaining the knowledge, skill, and abilities to perform successfully in high school or undergraduate school based on factors including, but not limited to, the following:

- Graduated from (or last attended) a high school from which a low percentage of seniors received a high school diploma;
- Graduated from (or last attended) a high school at which, many of the enrolled students are eligible for free or reduced price lunches;
- Comes from a family that receives public assistance (e.g., Temporary Assistance to Needy Families (TANF), food stamps, Medicaid, public housing);
- Comes from a school district where 50 percent or less of graduates go to college or where college education is not encouraged;

⁷ HHS' Substance Abuse and Mental Health Services (SAMHSA), Glossary of Terms and Acronyms for SAMHSA Grants, <http://www.samhsa.gov/grants/grants-glossary>; accessed 10/29/2015.

- Is the first generation to attend college or is on public assistance;
- English is not his/her primary language; or
- Was accepted to the program after academic reassessment at the completion of remedial courses.

Jails refers to locally-operated, short term facilities that hold inmates awaiting trial or sentencing or both, and inmates sentenced to a term of less than 1 year, typically misdemeanants. Jails does not include prisons, which are long term facilities run by the state or the federal government and typically hold felons and inmates with sentences of more than 1 year. Definitions may vary by state.⁸

Limited English Proficiency (LEP) refers to individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP." These individuals may be entitled language assistance with respect to a particular type or service, benefit, or encounter.⁹

Minority or Minorities refers to American Indians (including Alaska Natives, Eskimos, and Aleuts), Asian American, Native Hawaiians and other Pacific Islanders, Blacks and Hispanics. **Hispanic** means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country.¹⁰

⁸ <http://www.bjs.gov/index.cfm?ty=qa&iid=322>

⁹ <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/>.

¹⁰ Section 1707(g) of the Public Health Service Act (42 U.S.C. §300u-6(g)).